

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008187

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2766

FILED MAR 15 1962

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN ST. LOUIS, MO.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

ST. LOUIS CITY HOSP. #1

Inside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY

c. CITY OR TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

4246a Wyoming St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

PAUL WILLIAM

HERCHENBACH

4. DATE OF DEATH

Month

Day

Year

3 11 62

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
1-16-18869. AGE (last birthday)  
76IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Employee of City of St. Louis Park Dep't.10b. KIND OF BUSINESS OR INDUSTRY  
St. Louis, Mo.11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Paul William Herchenbach

13b. MOTHER'S MAIDEN NAME

Sophia Gerner

14. NAME OF HUSBAND OR WIFE

Late Margie Herchenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
yes World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

James E. McLaughlin 4246 Wyoming St.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Staphylococcal pneumonia

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Basilar artery thrombosis

28 days

DUE TO (c)

Generalized arteriosclerosis

unk.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

332X

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-11-62

to 3-11-62

and last saw her alive on 3-11-62

Death occurred at 5:00 am

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph H. Kriegerhaus M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

3-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

MAR 12 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

KLINK-RRFUS

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

75

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. J. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.